

DETAILED BUDGET FORM

Narrative Budget Justification Section - Rural Telemedicine Grant Program (*Supplemental Instructions-pages12-14*)

Name of the Network:

| YEAR 01 BUDGET (2000-2001) | FEDERAL (OAT) | NON-FEDERAL | | | | | TOTAL |
|---|------------------|---------------|------------|-------|---------------|-----------|-------|
| | | Applicant/hub | Spoke site | State | Other sources | Sub total | |
| PERSONNEL | | | | | | | |
| HUB Personnel | | | | | | | |
| <i>Name, Title, FTE @Salary/yr. plus% of benefits</i> | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |
| | | | | | | | |
| SPOKE Personnel | | | | | | | |
| <i>Name, Title, FTE @Salary/yr. plus% of benefits</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |
| | | | | | | | |
| SPOKE Personnel | | | | | | | |
| <i>Name, Title, FTE @Salary/yr. plus% of benefits</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL FOR PERSONNEL | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

| TRAVEL | FEDERAL | NON-FEDERAL | | | | | TOTAL |
|--|---------|----------------|------------|-------|---------------|-----------|-------|
| <i>(Break-out by site, provide detail in explanatory budget justification component)</i> | | Applicant/ hub | Spoke site | State | Other sources | Sub total | |
| | | | | | | | |
| OAT Mandated Meeting | | | | | | | |
| Advisory Meetings | | | | | | | |
| Site Visits | | | | | | | |
| TOTAL TRAVEL | | | | | | | |

| EQUIPMENT | FEDERAL | NON-FEDERAL | | | | | TOTAL |
|----------------------------------|---------|----------------|------------|-------|---------------|-----------|-------|
| <i>Site name, equipment type</i> | | Applicant/ hub | Spoke site | State | Other sources | Sub total | |
| | | | | | | | |
| | | | | | | | |
| TOTAL EQUIPMENT | | | | | | | |

| SUPPLIES | FEDERAL | NON-FEDERAL | | | | | TOTAL |
|---|---------|----------------|------------|-------|---------------|-----------|-------|
| <i>Break out by site and provide explanations in the explanatory narrative budget justification component</i> | | Applicant/ hub | Spoke site | State | Other sources | Sub total | |
| | | | | | | | |
| TOTAL SUPPLIES | | | | | | | |

| CONTRACTUAL | FEDERAL | NON-FEDERAL | | | | | TOTAL |
|--|---------|----------------|------------|-------|---------------|-----------|-------|
| <i>Clinician incentive payment (break out by site by speciality/service)</i> | | Applicant/ hub | Spoke site | State | Other sources | Sub total | |
| | | | | | | | |
| | | | | | | | |
| TOTAL CONTRACTS | | | | | | | |

| OTHER | FEDERAL | NON-FEDERAL | | | | | TOTAL |
|--|---------|----------------|------------|-------|---------------|-----------|-------|
| | | Applicant/ hub | Spoke site | State | Other sources | Sub total | |
| Transmission Costs <i>(break out by site; provide details (e.g., 3-ISDN) in explanatory component)</i> | | | | | | | |
| Equipment Installation <i>(break out by site)</i> | | | | | | | |
| TOTAL OTHER | | | | | | | |

| INDIRECT COSTS | FEDERAL | NON-FEDERAL | | | | | TOTAL |
|-----------------------------|---------|-------------|--|--|--|--|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL INDIRECT COSTS | | | | | | | |

GRAND TOTAL

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